

APPLICATION FOR DEATH BENEFITS
CIA RETIREMENT AND DISABILITY SYSTEM

(b)(6)

(b)(3)

IMPORTANT.—To secure all possible benefits and to avoid delay: 1. Read carefully the "Information for the Applicant" on the reverse of this sheet; 2. Complete application in full; 3. If answer to any question is "no" or "none" so state; 4. Type or print in ink.

A. PERSONAL INFORMATION CONCERNING THE DECEASED

1. FULL NAME OF THE DECEASED MR. MRS. MISS CARANCI, John C.			(Last)	(First)	(Middle)	2. DATE OF BIRTH (Month) (Day) (Year) Feb. 7, 1922	3. DATE OF DEATH (Month) (Day) (Year) Jul 14, 1970
4. DOMICILE (Legal residence at time of death—City and State) Providence, Rhode Island			6. GIVE NAME OF EACH SPOUSE (Include all former marriages)			7. HOW WAS MARRIAGE TERMINATED? (Check one in each case) <input type="checkbox"/> DEATH <input checked="" type="checkbox"/> DIVORCE <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE	8. DATE MARRIAGE WAS TERMINATED 9/21/64
5. HOW MANY TIMES WAS DECEASED MARRIED? Once							

B. INFORMATION CONCERNING CIVILIAN AND MILITARY SERVICE OF THE DECEASED

1. DEPARTMENT OR AGENCY IN WHICH LAST EMPLOYED Central Intelligence Agency		2. LOCATION OF LAST EMPLOYMENT (City and State) Washington, D.C.	3. DATE OF FINAL SEPARATION (Month) (Day) (Year) Apr. 22, 1970
4. WAS DECEASED RETIRED AND RECEIVING CIVIL SERVICE ANNUITY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	5. IF RETIRED, GIVE SERIAL NUMBER, IF KNOWN N.A.	6. DID DECEASED HAVE A SOCIAL SECURITY NUMBER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	7. IF ANSWER TO ITEM 6 IS "YES," GIVE DECEASED'S SOCIAL SECURITY NUMBER _____

8. IF DECEASED HAD RENDERED ACTIVE DUTY, WHICH TERMINATED UNDER HONORABLE CONDITIONS, IN ANY OF THE FOLLOWING SERVICES, COMPLETE THE SCHEDULE BELOW TO THE BEST OF YOUR ABILITY. IF AVAILABLE, ATTACH A COPY OF THE DISCHARGE CERTIFICATE.
(a) ARMY, NAVY, MARINE CORPS, AIR FORCE, OR COAST GUARD OF THE UNITED STATES; OR
(b) REGULAR CORPS OR RESERVE CORPS OF THE PUBLIC HEALTH SERVICE AFTER JUNE 30, 1960; OR
(c) AS A COMMISSIONED OFFICER OF THE COAST AND GEODETIC SURVEY AFTER JUNE 30, 1961.

BRANCH OF SERVICE	SERIAL NO.	DATE OF ENTRANCE ON ACTIVE DUTY	DATE OF SEPARATION FROM ACTIVE DUTY	LAST GRADE OR RANK	ORGANIZATION AT DISCHARGE (Div., Regiment, Co., etc.)
U.S. Army	31182993	Oct. 17, 1942	Feb. 5, 1946	T-5	

C. INFORMATION CONCERNING THE APPLICANT

1. YOUR NAME MR. MRS. MISS _____			(Last)	(First)	(Middle)	2. YOUR RELATIONSHIP TO THE DECEASED None	3. YOUR DATE OF BIRTH (Month) (Day) (Year) _____
4. ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA? (Place an "X" in proper box)			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			5. IF ANSWER TO ITEM 4 IS "NO," OF WHAT COUNTRY ARE YOU A CITIZEN?	
Fill in items 6 through 14 if you are the widow or widower of the deceased. Social Security number 035-18-5559							
6. DATE OF MARRIAGE (Month) (Day) (Year)	7. PLACE OF MARRIAGE (City and State)			8. MARRIAGE WAS PERFORMED BY <input type="checkbox"/> CLERGYMAN OR JUSTICE OF THE PEACE <input type="checkbox"/> OTHER (Specify) _____		9. WERE YOU LIVING WITH DECEASED AT TIME OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
10. WERE YOU EVER DIVORCED FROM DECEASED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	12. GIVE NAME OF EACH SPOUSE (Include all former marriages)			13. HOW WAS MARRIAGE TERMINATED? (Check one in each case) <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE		14. DATE MARRIAGE WAS TERMINATED <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE	
11. HOW MANY TIMES WERE YOU MARRIED?							
Items 15, 16, and 17 apply only if you are the widower of the deceased.							
15. ARE YOU INCAPABLE OF SELF-SUPPORT BECAUSE OF DISABILITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	16. DID YOU RECEIVE MORE THAN ONE-HALF YOUR SUPPORT FROM THE DECEASED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			17. IF YOUR ANSWERS TO BOTH ITEMS 15 AND 16 ARE "YES," AND IF THE DECEASED DIED WHILE STILL EMPLOYED AFTER AT LEAST FIVE YEARS' CIVILIAN SERVICE, ATTACH A SEPARATE SHEET GIVING FULL PARTICULARS ABOUT YOUR DISABILITY AND THE EXTENT OF SUPPORT FROM THE DECEASED.			

D. INFORMATION CONCERNING THE ESTATE OF THE DECEASED

1. IF AN EXECUTOR OR ADMINISTRATOR HAS BEEN APPOINTED BY THE COURT TO SETTLE THE ESTATE OF THE DECEASED, GIVE NAME AND ADDRESS OF THE EXECUTOR OR ADMINISTRATOR.			2. IF AN EXECUTOR OR ADMINISTRATOR HAS NOT BEEN APPOINTED, WILL ONE BE APPOINTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
NAME	ADDRESS 1845 Smith Street North Providence, Rhode Island				
(CONTINUE ON OTHER SIDE)					
APPROVED FOR RELEASE <input type="checkbox"/> DATE: 10-Nov-2008					

E. INFORMATION CONCERNING DEPENDENT CHILDREN OF THE DECEASED

LIST BELOW ALL SURVIVING UNMARRIED CHILDREN OF THE DECEASED WHO WERE UNDER AGE 18 AT THE TIME OF HIS (OR HER) DEATH. INCLUDE LEGALLY ADOPTED CHILDREN, STEPCHILDREN, AND ILLEGITIMATE CHILDREN, AND INDICATE AFTER THEIR NAMES THAT THEY ARE ADOPTED, ILLEGITIMATE, OR STEPCHILDREN.
 INCLUDE ALSO ANY UNMARRIED CHILD BETWEEN AGE 18 AND 21 WHO IS A FULL-TIME STUDENT IN A RECOGNIZED EDUCATIONAL INSTITUTION. WRITE THE WORD "STUDENT" AFTER EACH SUCH CHILD'S NAME. (A STUDENT WHOSE 21ST BIRTHDAY FALLS DURING A SCHOOL YEAR (SEPTEMBER 1 TO JUNE 30) IS DEEMED NOT TO ATTAIN AGE 21 UNTIL THE FOLLOWING JULY 1. HOWEVER, IF YOU LIST SUCH A CHILD, BE SURE TO SHOW HIS ACTUAL DATE OF BIRTH.)
 INCLUDE ALSO ANY UNMARRIED CHILD OVER 18 WHO BECAME DISABLED BEFORE AGE 18 AND WHO, BECAUSE OF THE DISABILITY, IS INCAPABLE OF SELF-SUPPORT.
 ATTACH A SEPARATE SHEET GIVING FULL PARTICULARS ABOUT THE DISABILITY.

FULL NAME OF CHILD	DATE OF BIRTH (Month) (Day) (Year)	DID CHILD RECEIVE MORE THAN ONE- HALF HIS SUPPORT FROM DECEASED?	NAME AND ADDRESS OF PERSON WHO NOW HAS THE CHILD AND HIS (OR HER) RELATIONSHIP TO THE CHILD
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	mother)
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

1. IF ANY STEPCHILD OR ILLEGITIMATE CHILD LISTED ABOVE WAS NOT LIVING WITH THE DECEASED AT THE TIME OF HIS (OR HER) DEATH, GIVE NAME OF CHILD AND EXPLAIN BRIEFLY WHY THEY WERE LIVING APART.

~~XXXXXX~~

4. IF A GUARDIAN HAS BEEN APPOINTED BY THE COURT FOR ANY OF THE CHILDREN LISTED ABOVE, GIVE GUARDIAN'S NAME AND ADDRESS.

NAME	ADDRESS
------	---------

3. IS THERE AN UNBORN CHILD
OF THE DECEASED?

YES NO

5. IF A GUARDIAN HAS NOT
BEEN APPOINTED, WILL
ONE BE APPOINTED?

YES NO

F. INFORMATION CONCERNING NON-DEPENDENT CHILDREN AND OTHER RELATIVES OF THE DECEASED

1. LIST BELOW THE NAME, AGE, ETC., OF THE DECEASED'S WIDOW OR WIDOWER.
2. IF NO WIDOW OR, WIDOWER SURVIVES, LIST ALL CHILDREN OF THE DECEASED NOT NAMED IN ITEM E, AND THE DESCENDANTS OF ANY DECEASED CHILD OR CHILDREN.
3. IF THERE ARE NO CHILDREN OR DESCENDANTS OF DECEASED CHILDREN, LIST THE PARENTS, BROTHERS, AND SISTERS, AND DESCENDANTS OF ANY DECEASED BROTHERS AND SISTERS. (INDICATE WHETHER THE BROTHERS AND SISTERS ARE OF WHOLE OR HALF BLOOD WHEN BOTH DEGREES OF KINSHIP ARE INVOLVED.)
4. IF THERE ARE NO SURVIVORS WITHIN THE DEGREES INDICATED IN 1, 2, AND 3, LIST THE HEIRS WHO CAN INHERIT FROM THE DECEASED.

NAME	AGE	RELATIONSHIP TO DECEASED	ADDRESS
		Son	
		Son	
		Son	

G. CERTIFICATION

WARNING—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C.1001.)

I hereby certify that all statements made in this application are true to the best of my knowledge, information, and belief, and that no evidence necessary to a settlement of this claim is suppressed or withheld.

NOTICE

Forward application to the Director of Personnel, Central Intelligence Agency, Washington, D.C. 20505.

Aug. 21, 1970

(DATE)

(CITY, STATE, AND ZIP CODE)

INFORMATION FOR THE APPLICANT

EVIDENCE REQUIRED

There must be submitted with this application a certified copy of the public record showing the death of the employee or annuitant. Failure to submit such death certificate will delay settlement of claim.

Any other necessary evidence not of record in the Central Intelligence Agency will be requested after receipt of this application.

FINAL DETERMINATIONS

Upon receipt of this application, the Director of Personnel of the Central Intelligence Agency will determine what benefits, if any, are payable, the amount of such benefits, and to whom they are payable. The Director of Personnel will inform the applicant of the final determination.